

10 APR 2006

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Arlington, Virginia

Application or Docket Number

10/563300

Arlington, Virginia

National Stage Processing

Patent Specialist

OTHER THAN

SMALL ENTITY

(703) 305-3821

CLAIMS AS FILED - PART I

National Stage Processing

Patent Specialist

(Column 1)

SMALL ENTITY

TYPE

OTHER THAN

SMALL ENTITY

(703) 305-3821

U.S. NATIONAL STAGE FEES			
BASIC FEE	SMALL ENT. = \$ 150	LARGE ENT. = \$ 300	
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200	
SEARCH FEE	U.S. Is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400	All other situations = \$ 250 / \$ 500	
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =	
TOTAL CHARGEABLE CLAIMS	18 minus 20 =	-	
INDEPENDENT CLAIMS	3 minus 3 =	-	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>	

* If the difference in column 1 is less than zero, enter "0" in column 2

RATE	FEES
BASIC FEE	150
EXAM. FEE	100
SEARCH FEE	200
X \$ 125 =	-
X \$ 25 =	-
X \$ 100 =	-
+ \$ 180 =	-
TOTAL	450

RATE	FEES
OR BASIC FEE	-
EXAM. FEE	-
SEARCH FEE	-
X \$ 250 =	-
X \$ 50 =	-
X \$ 200 =	-
+ \$ 360 =	-
TOTAL	-

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY		OTHER THAN SMALL ENTITY	
					RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total	*	Minus	**	=	X \$ 25 =	-	X \$ 50 =	-
Independent	*	Minus	***	=	X \$ 100 =	-	X \$ 200 =	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ \$ 180 =	-	+ \$ 360 =	-

RATE	ADDITIONAL FEE
X \$ 25 =	-
X \$ 100 =	-
+ \$ 180 =	-
TOTAL ADDIT. FEE	-

RATE	ADDITIONAL FEE
X \$ 50 =	-
X \$ 200 =	-
+ \$ 360 =	-
TOTAL ADDIT. FEE	-

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY		OTHER THAN SMALL ENTITY	
					RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total	*	Minus	**	=	X \$ 25 =	-	X \$ 50 =	-
Independent	*	Minus	***	=	X \$ 100 =	-	X \$ 200 =	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ \$ 180 =	-	+ \$ 360 =	-

RATE	ADDITIONAL FEE
X \$ 25 =	-
X \$ 100 =	-
+ \$ 180 =	-
TOTAL ADDIT. FEE	-

RATE	ADDITIONAL FEE
X \$ 50 =	-
X \$ 200 =	-
+ \$ 360 =	-
TOTAL ADDIT. FEE	-

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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